

CLAIMS ONLY							Application Number <u>10671398</u>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3							53					
4		/					54					
5		/					55					
6		/					56					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	←		←		←		Total Indep	←		←		←
Total Depend		←		←		←	Total Depend		←		←	
Total Claims							Total Claims					